

# SAMPLE VETERAN EVR NO children

VA Form 2900-0101  
Responsible: 30 minutes

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN  <b>JOSEPH A VETERAN</b>		<b>Department of Veterans Affairs</b> <b>IMPROVED PENSION ELIGIBILITY VERIFICATION REPORT (VETERAN WITH NO CHILDREN)</b> <span style="float: right; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">6</span>	
YOUR COMPLETE MAILING ADDRESS  <b>123 main St Apt. 1 Your Town WI 53201</b>		VA FILE NUMBER <b>123 45 6789</b> VA REGIONAL OFFICE RETURN ADDRESS VA PENSION CENTER PO BOX 342000 MILWAUKEE, WI 53234-9907	
IMPORTANT - Please read the enclosed EVR Instructions (VA Form 21-0510) prior to completing this form.			
1A. YOUR SOCIAL SECURITY NUMBER  <b>123 45 6789</b>		1B. YOUR SPOUSE'S SOCIAL SECURITY NUMBER  <b>234 56 7890</b>	
1C. FIRST, MIDDLE, LAST NAME OF SPOUSE  <b>VIRGINIA FAYE VETERAN</b>		1D. SPOUSE'S DATE OF BIRTH (Mo., day, yr.)  <b>3/15/23</b>	
2. MARITAL STATUS (Check only one box)  (1) <input checked="" type="checkbox"/> MARRIED-LIVING WITH SPOUSE (You are legally married and you live with your spouse or are separated for medical reasons.) (2) <input type="checkbox"/> MARRIED-NOT LIVING WITH SPOUSE (You are legally married but estranged from your spouse.) Show the amount you contributed to your spouse's support during the last 12 months \$ _____ If you separated within the last 12 months, show the date of separation _____ (3) <input type="checkbox"/> NOT MARRIED (You have never married or are now divorced or widowed.) If your marriage ended within the last 12 months, show the date of divorce or death _____			
3. NUMBER OF UNMARRIED, DEPENDENT CHILDREN (See Paragraph 1 of the EVR Instructions, VA Form 21-0510) IN YOUR CUSTODY <u>0</u> NOT IN YOUR CUSTODY <u>0</u> AMOUNT CONTRIBUTED DURING PAST 12 MONTHS TO CHILDREN NOT IN YOUR CUSTODY \$ _____			
4A. ARE YOU A PATIENT IN A NURSING HOME?  <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," Complete Items 4B thru 4D. If "No," go to Item 5.)		4C. ENTER THE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF NURSING HOME (Please include Zip Code)  <b>MORNING GLORY CENTER 123 MAIN ST Your Town WI 53201 (414) 234-6789</b>	
4B. SHOW THE DATE YOU ENTERED THE NURSING HOME  <b>4/1/2007</b>			
4D. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME FEES?  <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
4E. SHOW THE DATE YOUR MEDICAID COVERAGE STARTED  <b>4/1/2007</b>			
5. DID EITHER YOU OR YOUR SPOUSE RECEIVE ANY WAGES OR WERE EITHER OF YOU EMPLOYED AT ANY TIME DURING THE PAST 12 MONTHS?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
6. DO YOU RECEIVE ANY OTHER VA BENEFITS AS A VETERAN, PARENT, OR SURVIVING SPOUSE?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," write in the VA file number of the other benefit)			

## 7A. MONTHLY INCOME (Read Paragraphs 2 and 3 of the EVR Instructions)

GROSS MONTHLY AMOUNTS (If no income was received from a particular source, write "0" or "none." DO NOT LEAVE ANY ITEMS BLANK.)

SOURCE	VETERAN	SPOUSE
SOCIAL SECURITY	\$ 550.00	\$ 450.00
U.S. CIVIL SERVICE	0.00	0.00
U.S. RAILROAD RETIREMENT	0.00	0.00
BLACK LUNG BENEFITS	0.00	0.00
MILITARY RETIREMENT	1,500.00	0.00
OTHER (Show Source)	0.00	0.00
OTHER (Show Source)	0.00	0.00

## 7B. ANNUAL INCOME (Read Paragraphs 2 and 4 of the EVR Instructions)

If no income was received from a particular source, write "0" or "none." DO NOT LEAVE ANY ITEMS BLANK.

NOTE: Report annual income for the dates indicated. If no dates are shown above the columns that follow, then report last calendar year (January through December) income in the left-hand column and current calendar year income in the right-hand column.

SOURCE	VETERAN		SPOUSE	
	FROM: 1/1/09 THRU: 12/31/09	FROM: 1/1/10 THRU: 12/31/10	FROM: 1/1/09 THRU: 12/31/09	FROM: 1/1/10 THRU: 12/31/10
GROSS WAGES FROM ALL EMPLOYMENT	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
TOTAL INTEREST AND DIVIDENDS	5.00	10.00	5.00	10.00
ALL OTHER (Show Source)	0.00	0.00	0.00	0.00
ALL OTHER (Show Source)	0.00	0.00	0.00	0.00

7C. DID ANY INCOME CHANGE (Increase/Decrease) DURING THE PAST 12 MONTHS? (Answer "NO" if there were no income changes or if the only change was a Social Security/VA cost-of-living adjustment. Answer "YES" if there were any other income changes or if you received any NEW source of income or any ONE-TIME income.)

☒ YES ☐ NO (If "YES," complete Items 7D through 7F. If "NO," go to Item 7G.)

7D. WHAT INCOME CHANGED? (Show what income changed, for example, wages, city pension, etc.)

7E. WHEN DID THE INCOME CHANGE? (Show the dates you received any new income or the date income changed)

7F. HOW DID INCOME CHANGE? (Explain what happened; for example, quit work, got raise, received inheritance)

SSA &amp; MILITARY

1/09 for both

COLA INCREASES

## 7G. NET WORTH (Read Paragraph 5 of the EVR Instructions)

SOURCE	VETERAN	SPOUSE
CASH/NON- INTEREST-BEARING BANK ACCOUNTS	\$ 1,000.00	\$ 1,000.00
INTEREST-BEARING BANK ACCOUNTS	1,000.00	1,000.00
IRA'S, KEOGH PLANS, ETC.	0.00	0.00
STOCKS, BONDS, MUTUAL FUNDS, ETC.	0.00	0.00
REAL PROPERTY (Not your home)	0.00	0.00
ALL OTHER PROPERTY	0.00	0.00

## 8. MEDICAL EXPENSES (Read Paragraph 6 of the EVR Instructions)

Normally, medical expenses are reported at the end of the year. If you are using this form as your annual Eligibility Verification Report and Paragraph 6 of the EVR Instructions indicates that you should report medical expenses, use VA Form 21-8416, Medical Expense Report, to report your medical expenses. If you are using this form as a supplement to a pending claim, you do not need to report medical expenses. If entitlement is established, you will have an opportunity to report your medical expenses at the end of the year.

## 9. VETERAN'S EDUCATIONAL AND VOCATIONAL REHABILITATION EXPENSES (Read Paragraph 7 of the EVR Instructions)

Show amounts paid by you during the last 12 months. DO NOT REPORT DEPENDENTS' EXPENSES. \$ 0.00

10A. SIGNATURE OF VETERAN (Read paragraph 9 of the EVR Instructions before signing)

10B. DATE SIGNED

Joseph A. Veteran

3/31/10

## 10C. TELEPHONE NUMBERS (Include Area Code)

DAYTIME

(414) 123-4567

EVENING

(414) 123-4567

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.